

UNITED STATES DISTRICT COURT

for the
Eastern District of Pennsylvania

Ali L.I. HARRISON-EL

Plaintiff(s)
(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.)

Case No.

(to be filled in by the Clerk's Office)

Bucks County Corr. Facility,
Kelly Reed, Spasticidet, MatillGos, etc. All
PrimeCare Medi. Dr. Guessicer, etc. All
MR. Cortinco Defendant(s) Mr. Rousette
(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names. Do not include addresses here.)

Meks Comm. Corr. Center, etc. all

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$52) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Ali A.I. Harrison-EL</u>		
All other names by which you have been known:			
ID Number	<u>QQ1519</u>		
Current Institution			
Address			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	<u>Suptkdkt. Mr. Matillus</u>		
Job or Title (<i>if known</i>)	<u>Supervisekderkt / Warden</u>		
Shield Number			
Employer	<u>Bucks County Core Facility</u>		
Address	<u>1730 S. Easton Rd.</u>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input checked="" type="checkbox"/> Individual capacity		<input checked="" type="checkbox"/> Official capacity	

Defendant No. 2

Name	<u>DWIS. Ms. Kelly Reed</u>		
Job or Title (<i>if known</i>)	<u>Deputy Warden of Inmate Services</u>		
Shield Number			
Employer	<u>Bucks County Core Facility</u>		
Address	<u>1730 S. Easton Rd.</u>		
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input checked="" type="checkbox"/> Individual capacity		<input checked="" type="checkbox"/> Official capacity	

Defendant No. 3

Name
 Job or Title (if known)
 Shield Number
 Employer
 Address

Bucks County Corr. Facility etc. all
 Correctional Facility

County of Bucks

Drylestawk PA 18901
 City State Zip Code

Individual capacity Official capacity

Defendant No. 4

Name
 Job or Title (if known)
 Shield Number
 Employer
 Address

PrimeCare Medical Services etc. all
 Dr. Guessnke

PrimeCare Med. (Bucks County)
 Bucks County Corr. Facility

Drylestawk PA 18901
 City State Zip Code

Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 888 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

Negligence by medical staff / PrimeCare / Dr. Guessnke
 B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Informed both Superintendent Mr. Matilus, and Deputy Warden Ms. Kelly Reed about improper medical attention, mental health, cruel and unusual punishment, violations of Constitutional Rights of Prisoners § 1-12.2 (Kook v. N. Carolina, 50F. 4th 398) HK 8,9, Denial access to courts, mail tampering, Infected with Hep. C"

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials? (Kook v. N. Carolina, 50F. 4th 398) HK 2,3,5,6,10

11,12,14,) (HK 8,9,15,16,etc.) Americans with Disabilities Act, 1973, 1990, Disability Discrimination, Rehabilitation Act, Removal of legal material, medical material (Herrick belt) Withholding inmate account funds \$ 170.00 Money orders. Infected with hepatitis C Hep. C not I.V. drug user.

E.D.Pa. AO Pro Se 14 (Rev. 01/21) Complaint for Violation of Civil Rights

infected by medical; Taurier Y., but never treated for it - Hepatitis "C" and was infected by Prime Care Med. staff. No response from med. slip to Dr. Guessicker, Kuse Lency put task in computer.

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

[↑] See above) Sprentkedit, Matillus and Deputy Warden Ms. Kelly Reed allowed cruel and unusual punishment when heekia Bett was removed, made to walk to show hall with (3) heekia's, left in restricted holding unit (4) days then sanctioned, received (5) days was in (9) days. reported mail tampering, denied access to my inmate account, as well as access to the courts.

III. Prisoner Status Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain) Illegally convicted state prisoner / Kidnapped victim by County and State. * Disabled victim.

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

sent medical slips to Dr. Guessicker / staff.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

sent request slip's, as well as reported to Ms. Reed and Mr. Matillus in person on E-block, my assigned block; seek on camera approx. Nov - Dec. in afternoon. Infected with Hep. "C" then sent to state prison to cover up.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Started B.C.C.F (Bucks County Core Facility Oct. D-block, then Restricted Holding Unit (R.H.U.) 17-cell, then E-Block, then to the Mens Center G-block 14 cell, then H-block 6-cell and still have not received \$170.00 Money orders, or \$945.00 bail Refund.

C. What date and approximate time did the events giving rise to your claim(s) occur? From the months of Oct. 2023 - Feb. 2024 ever contacted a member of Prison oversight Board Mrs. Sarah Webster, prison phone records can prove such after Jan 17th 2024 had been illegally sentenced she's an attorney, as well, illegally convicted.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) Once Folsley incarcerated at Bucks County Corp. facility, staff, administration, medical began treating me cruel and unusual because it was discovered that I was in fact suing Bristol Township Police Dept. and (9) of its officers. The treatment consisted of false misconducts, tampering with mail; incoming/outgoing, tampering with inmate account funds, infecting me with Hep. "C", the illegal and obvious conviction/illegal state sentence for (2) misdemeanors.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. P.T.S.D., deliberate indifference for neck/back, headaches, head trauma as came to Facility from Hosp., shoulder/kid injuries, physical / mental anguish, had dislocated shoulder still take meds for; as well as back/neck, and for head trauma. Infected with hepatitis "C", am taking meds now in SCI Phoenix after being infected at B.C.C.F., and/or by PrimeCare Medical Inc. causing liver/kidney damage that take meds. For. \$170.00 in money order stolen.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. I want false conviction and charges vacated, pain/suffering; cruel and unusual punishment, defamation of character, kidney/liver damage for Hep "C" treatment and for infection of such, loss wages, false imprisonment, malicious prosecution, illegal sentence, loss of personal property. I want my freedom forthwith, criminal/driving records expunged, public apology, \$50 million

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

- Yes
 No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Bucks County Core Facility and the Merv Community Core Center, 1730 S. Easton Rd., Daylesford, Pa 18901 address same for both.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

- Yes
 No
 Do not know

Not one that they follow/honor.

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

- Yes
 No
 Do not know

If yes, which claim(s)? All stated within complaint, local, state, and federal. Constitutional and Amendment Rights violations.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint? *Inmate Request, would not allow inmates to have grievance forms?*

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? *Inmate Request (See above)*

Yes

No

E. If you did file a grievance:

Inmate Request:

1. Where did you file the grievance? *Bucks County Corr. Facility
Mocs Community Correction Center*

2. What did you claim in your grievance? *Inmate Request; Deliberate Indifference,*

*conspiracy, cruel and unusual punishment, discrimination,
mail tampering, denial of access to the courts, inmate account
tampering, theft, fraud,*

3. What was the result, if any? *illegally convicted and given an
illegal sentence, sent to State Corr. Institution in hope I
would die incarcerated due to injuries caused by Bristol
Township P.D. CV-5978 and Falls Township P.D. CV-4364;
results still pending; brain aneurysm, severe neck/back
trauma.*

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

*Have contacted prison over-sight board; Sarah Webster,
Bucks County Corr. Facility; by mail, president Judge by
U.S. Mail to Ko response given; iso avail.*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

K/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any; *Spectrekt Matillus by inmate request and in person, same with Ms Kelly Reed, Cptc, Nottingham, Mr. Rousette, Mr. Cortizo, Mental Health, numerous medical slips, request to business office, LT. Thompson, etc. No response from LT. Thompson about money order's but business office did nothing.*

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. *I spoke with Warden/Spectrekt Matillus and Deputy Warden of Inmate Services nothing done to date?*

*Initial standard issue
initial business issue
initial standard issue*

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

- Yes
 No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page; using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s)

K/A

Defendant(s)

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

K/A

4. Name of Judge assigned to your case

K/A

5. Approximate date of filing lawsuit

K/A

6. Is the case still pending?

- Yes
 No

If no, give the approximate date of disposition.

K/A

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

K/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? *Only relating to the illegalities of how I became illegally imprisoned.*

- Yes
 No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s)

K/A

Defendant(s)

2. Court (*if federal court, name the district; if state court, name the county and State*)

K/A

3. Docket or index number

K/A

4. Name of Judge assigned to your case

K/A

5. Approximate date of filing lawsuit

K/A

6. Is the case still pending?

- Yes
 No

If no, give the approximate date of disposition

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

Any cases filed still pending.

IX. Certification and Closing

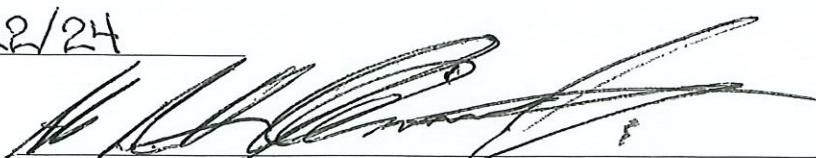
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 3/22/24

Signature of Plaintiff


Ali A.I. Harrison-El

Printed Name of Plaintiff

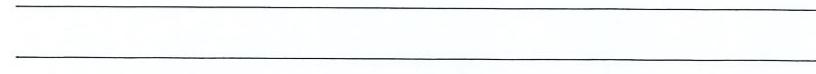
QQ1519

Prison Identification #

SCI Phoenix 1200 Mokydnic Dr.Prison Address TempCollegeville PA 19426
City State Zip Code**B. For Attorneys**

Date of signing: _____

Signature of Attorney



Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number



E-mail Address

City

State

Zip Code

US POSTAGE



quadrant

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IMI
\$000.88
03/25/2024 ZIP 19426
043M1248366



Smart Communications/PADOC

SCI-ROCKIX

Name Ali H. Harrison-El
Number QQ1519

PO Box 33028
St Petersburg FL 33733

Honorable Chief Judges Chambers
United States District Court
West Hamilton St.
Harrisburg, PA 18101



RECEIVED
MAR 29 2024